

Case Number:	CM13-0059542		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2009
Decision Date:	04/25/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 37-year-old individual who injured his low back in a work-related accident on 03/03/09. In the records provided for review, the most recent clinical assessment on October 18, 2013 documented low back pain and bilateral leg pain. There was unfortunately no physical examination documented at that assessment. Previous physical examination for review showed muscle spasm on palpation and tenderness of the paravertebral musculature, diminished lumbar range of motion and no documentation of neurologic findings. Recent imaging includes a September 6, 2013 myelogram report showing surgical changes from a previous anterior discectomy and fusion at L5-S1 with 2 millimeters of anterolisthesis; no neural foraminal or canal stenosis or further findings were noted at the L5-S1 level. Based on failed conservative care, a revision fusion procedure is being recommended in the form of an L5-S1 interbody fusion due to diagnosis of "probable nonunion."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L5 WITH INSTRUMENTATION AND FUSION AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California MTUS ACOEM 2004 Guidelines, a lumbar laminectomy at L5 with instrumentation and fusion cannot be recommended as medically necessary. While fusion can be recommended for segmental instability, the specific request in this case is noted to be for "probable nonunion." Review of clinical imaging demonstrates evidence of a prior surgical process but does not give firm indication of an unstable or pseudoarthrosis process. The absence of the above information in the records provided for review would fail to necessitate the surgical request.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3 DAY HOSPITALS STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LSO BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3 IN 1 COMMUNE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

HOME HEALTH NURSE TIMES 14 DAYS POST-OP FOR DAILY DRESSING CHANGES AND WOUND CHECK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.